

STAKEHOLDER CONSIDERATION #1

OVERVIEW

DESCRIPTION OF THE ISSUE:

All 50 states fund their mental retardation service systems through a Medicaid Home and Community-Based Services (HCBS) Waiver. An HCBS Waiver is a program of services that is funded using federal Title XIX Medicaid dollars. The Massachusetts Department of Mental Retardation has operated an HCBS Waiver for over 20 years and it has become the major source of funding for DMR's programs. As a result of DMR's participating in this Medicaid Waiver program, the federal government reimburses the state treasury for about 50% of the cost of services for thousands of individuals who receive DMR supports and are enrolled in the program. Services provided through the Waiver include residential, day, support and transportation.

The state must periodically submit an application to the federal Centers for Medicare and Medicaid Services (CMS) to operate its Waiver program. This application describes how the state will manage its program. There are many assurances the State must meet in order to run a waiver program. These include guaranteeing that:

- the average cost of waiver services is no more than institutional services;
- anyone providing services meets standards the state has designed;
- there are safeguards to protect the health and welfare of individuals enrolled in the waiver.

The funding appropriated by the legislature determines how many people the state can serve each year in its waiver program.

A basic requirement of the program is that individuals have the right to receive their services from any qualified provider they choose. Just like selecting a doctor, an individual can take their Medicaid benefit and choose from any physician in the state who meets applicable regulations and statutes. This freedom to choose a provider also applies to mental retardation services.

In order to be enrolled in the Waiver, an individual must be:

- a resident of Massachusetts;
- DMR eligible;
- Medicaid eligible;
- have needs that meet the level of care that is provided in an institution; and
- choose to receive their services in the community.

There must also be an available opening in the waiver.

Each individual enrolled in the Waiver has a Service Coordinator and a Plan of Care that lists Waiver, non-waiver and natural supports and services that the individual will receive to meet their assessed needs.

In keeping with the growth of services and supports in the community, the Waiver has grown dramatically in size and scope from fewer than 100 individuals in 1985 to approximately 12,000 individuals today. As the Waiver program has grown and evolved, DMR has been examining its entire service system to explore how it finances and contracts for services and what the system should look like. This raises a number of critical issues about not only what the Waiver programs will look like, but also what services and supports will be available to individuals not enrolled in the Waiver but enrolled in supports that are fully state-funded. It also requires the Department to ensure that it is providing its supports in ways that can be included in the Waiver so that federal dollars can be reimbursed to the state. For example, under a waiver program, families cannot receive direct stipends for services but can have those funds be assigned to an agency that they can direct to purchase and pay for what they need. This is an issue currently being examined as a way to gain more federal funding. It also raises the question of whether such stipends for both individuals enrolled in the waiver and those not enrolled, should be treated the same way.

WHAT DMR IS PROPOSING:

DMR has identified a series of actions to better serve adults, children with developmental disabilities and children with autism and to provide more opportunities for choice and the services they receive. DMR is beginning to decide what changes to its Waiver it might like to propose to the federal government and wants to hear from individuals, families and providers about what services and supports they would like DMR to consider including in its next waiver application. Renewing its Waiver and creating new waivers allows DMR to consider adding new services and supports, as well as new ways of delivering these services and supports. DMR is proposing:

- the redesign of its current waiver into multiple waivers to provide individual and family support for adults living at home with their families or in their own home and for adults who need intensive supports. No one enrolled in the existing waiver would lose services due to this reconfiguration.
- the establishment of a Children's Waiver for children needing intensive supports.
- the establishment of an Autism Waiver for children with autism that offers intensive in-home supports and a flexible array of family supports directed at helping these children remain in their homes and actively participate with their families and community.

CRITICAL THINGS TO THINK ABOUT:

- What services would you like DMR to provide to adults through a Waiver Program?
- What services would you like DMR to provide to children through a Waiver Program?